

This is from Will Burrow:

Seclusion:

The term area is used in several places but the definition appears to align with the definition of a room. The traditional interpretation would be confined to a room. If room is what is meant then that is the term that should be used.

Observable: The use of this term implies visual separation. In the traditional context the student could neither see nor hear what is going on in his environment (thus the need for a separate room, rather than area).

In reading the rule I would assume that if a staff person is in the room with the student then there is no seclusion within the meaning of this regulation.

Reinforcement: In the traditional situation there is a clear indication that there is also no reinforcement (feedback) of any kind. There is no interaction of any kind, just observation.

3.3: Does seclusion end ONLY when the child returns to the educational environment. What is his status if the therapist goes into the room and does a life space interview for 15 minutes?

3.4: Weekly inspections. In a program where this option is used only a few times a year it would create extensive paperwork to verify the weekly inspection. Administration should be responsible for maintaining a safe environment, period. This section calls for a window but it does not require a sound system. This does not align with a requirement in 3.3.

3.4: latches: If a student is in a rage the first thing he will do is try to escape. Escape would be very dangerous to the student and potentially to others in his immediate environment. I would prefer a permitted containment arrangement with a very strict time limit (15 minutes?) after which parents or emergency personnel could be called to deal with the situation safely.

Physical Restraint:

Where does a physical prompt stop and a restraint start? If I put my hand on a student's arm as an OT intervention is that restraint? In a pure definition ANY restriction of movement of any body part at any level of intensity is a restraint. Use of a pure definition would create significant problems and do more harm than good because staff would be fearful of violating the regulation by touching the student in any manner.. Intervening early and lightly would be treated the same way as a full person hold. The proposed definition will lead to that outcome and will not improve the safety of anyone.

4.1: Use ONLY after less intrusive methods have been tried. Some situations escalate so rapidly that use of less intrusive methods every time would likely lead to injury of someone. An individual written intervention plan should be permitted to control the details of the use of restraint in non-emergency situations.

4.2 Use of EMS personnel should trigger a call to parents whenever possible.
